



**FOCUS GROUP
PARTICIPANT INFORMATION FORM
Food Stamp Program Participants and Eligible Nonparticipants**

Please complete this form. The information will be used only to summarize participant information at this meeting. Your name and address are not needed.

LOCATION _____ DATE _____

1. I am a Male Female
2. My age is: less than 20 years 31-40 years 56 years+
 21-30 years 41-55 years
3. The languages spoken in my home are: _____
1st Language _____ 2nd Language _____
4. My marital status is:
 Never married Married/with partner Separated
 Divorced Widowed
5. Number of children (under age 18) living with me: _____
6. The highest education I completed was:
 Grammar/Elementary School Tech/Vocational School/Bs.College
 Junior High/Middle School Community College
 High School or G.E.D. University (4 year)
 Graduate school
7. I am currently:
 not employed
 working less than 20 hours per week
 working more than 20 hours per week
8. I have a disability that limits my ability to work or go outside my home:
 Yes
 No
9. Food Stamp Program participation
Currently on Food Stamps Yes No
Ever participated in the Food Stamps Yes No

THANK YOU FOR YOUR HELP

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX and expires on XX/XX/XXXX. The time required to complete this information collection is estimated to average 9.5 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Agriculture, Food and Nutrition Service, ORNA, Alexandria, VA 22302.